

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CM</i>	<i>67814</i>	<i>5/3/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>5-9-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>64834</i>	<i>9-9-00</i>
		<i>71471</i>	<i>6/29</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	7/18/00
2	7/22/00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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